U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

City

State

Washington

5. Position in labor organization.

District of Columbia

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U - 5866	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Ernie Conwell	Name Nat'l Football League Players Assoc
	Labor Organization File Number 065-533
P.O. Box, Bldg., Room No., if any 6th Floor	P.O. Box, Building and Room Number, if any 6th Floor
Street 2021 T. Street N W	Street 2021 T. Street N. W

City

State

Washington

District of Columbia

ZIP Code + 4

(202) 463-2200

Telephone Number

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

ZIP Code + 4 20036

Vice President

	or out for all ill and another of the control of th	
A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Date

Form LM-30 (2003)

Name of Person Filing Ernie Conwell	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization, is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Reebok International Ltd Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1895 J.W. Foster Boulevard City Canton State Massachusetts ZIP Code + 4 02021	a. Labor Organization b. Trust c. Employer	
	14 - Natura of such dealing	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. Licensing Arrangement*	
P.O. Box, Bldg., Room No., if any	*The dollar value of this dealing is in excess of \$1,000,000. It is difficult for me to ascertain this amount due to time and confidentiality restraints.	
Street 3	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State State ZIP Code + 4	Sneakers	
	12.b. Amount. \$35	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Arrount of powrnort	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	